

(To be used with Traditional Service Delivery Models)

If training was provided, Task Analysis must be completed

WV-BMS-I/DD-7 Direct Support Service Effective 12/1/15

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**WEST VIRGINIA I/DD WAIVER
DIRECT SUPPORT PROGRESS NOTE**

(To be used with Traditional Service Delivery Model
and if something out of the ordinary occurs while providing services)

Name of Person Who Receives Services		Provider Agency	
Month of Service		Year of Service	

Date		Time	AM PM	Provider/Staff Initials	
<p>Were there any parts of the goal in which the person did especially well or poor? Did anything out of the ordinary occur (such as illness, behaviors, etc.)? Did the person require more support than usual? How did the person respond to support and services provided?</p>					

Date		Time	AM PM	Provider/Staff Initials	

Date		Time	AM PM	Provider/Staff Initials	

Date		Time	AM PM	Provider/Staff Initials	

Date		Time	AM PM	Provider/Staff Initials	

Provider/Staff Name	Provider/Staff Signature	Provider/Staff Name	Provider/Staff Signature

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**WEST VIRGINIA I/DD WAIVER
TRANSPORTATION LOG**

(To be used with Traditional Service Delivery Model and if applicable)

Service Code (Use separate pages for miles and trips): ☐ **A0160U1 (Miles)** ☐ **A0121HI (Trip)**

Name of Person Who Receives Services		Provider Agency	
Month of Service		Year of Service	

Date	Travel From (starting address)	Travel To (end address)	Reason for Travel (must correspond to an objective on the IPP)	Starting Odometer Reading	Ending Odometer Reading	Total Miles or Trips	Provider Initials
Total Miles for This Page							

Provider/Staff Name	Provider/Staff Signature	Provider/Staff Name	Provider/Staff Signature

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